Revision:

HCFA-PM-91-4 AUGUST 1991 (BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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OMB No.: 0938-

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: Montana

#### **INCOME ELIGIBILITY LEVELS**

### A. MANDATORY CATEGORICALLY NEEDY

AFDC.

1. TANF-related Groups Other Than Poverty Level Pregnant Women and Infants:

Family		Maximum
Size	Need Standard	Payment Amount
1	\$ 359	\$ 284
2	484	380
3	608	477
4	733	574
5	858	670
6	982	766
7	1,107	863
8	1,232	959
9	1,356	1,006
10	1,481	1,053
11	1,606	1,093
12	1,730	1,134
13	1,855	1,170
14	1,980	1,203
15	2,105	1,236
16	2,229	1,265

2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act:

Effective April 1, 1990, based on the following percentage of the official Federal income poverty level--

_X_	133 percent	Percent (no more than 185 percent)
		(specify)

TN # 00-006	Approved 09/15/00	Effective 08/01/2000
Supersedes		
TN # 99-009		

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# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: MONTANA

### INCOME ELIGIBILITY LEVELS

<ul> <li>A. MANDATORY CATEGORICALLY NEEDY (conting</li> </ul>
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2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act:

Effective April 1, 1990, based on the following percentage of the official Federal income poverty level--

\_X 133 percent \_\_\_\_\_ percent (no more than 185 percent) (specify)

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State:	Montana

#### INCOME ELIGIBILITY LEVELS

- MANDATORY CATEGORICALLY NEEDY (Continued)
  - 3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

(MB)

 For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

TN No.	93-11		11	3.0	0.0		01/01/93
Supersedes		Approval Da	ate 41	29 1	73_	Effective Date	01/01/00
TN No.	92-18						

	sion: HCFA-PM-91 AUGUST 1991		SUPPLEMENT 1 Page 3 OMB No.: 09	TO ATTACHMENT 2.6-A
	STATE PLA	N UNDER TITLE XIX	OF THE SOCIAL S	ECURITY ACT
	State:	MONTANA		
	1	NCOME ELIGIBILITY	LEVELS (Continu	ed)
В.	OPTIONAL CATEGORIC POVERTY LEVEL	CALLY NEEDY GROUPS	WITH INCOMES RE	CLATED TO FEDERAL
	1. Pregnant Women	and Infants		
	pregnant women	determining income and infants under (i)(IX) and 1902()	the provisions	
		percent of the class percent and no		income poverty level percent).
	<u>Family</u>	<u>/ Size</u>	Income Level	_
	<u></u> :	L NOT	\$	-
		APPLICABLE	\$	-
		3	\$	-
		1	\$	-
	<u></u> ;	5	\$	-
	No92-02	1/20	102	D-1- 10/01/01
	persedes Approv No. 87(10)9	al Date $\frac{1}{2}$		Date10/01/91
			HCFA	ID: 7985E

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State: MONTANA	
INCOME ELIGIBILITY L	EVELS (Continued)
OPTIONAL CATEGORICALLY NEEDY GROUPS W	WITH INCOMES RELATED TO FEDERAL
2. Children Between Ages 6 and 8	
The levels for determining income who are born after September 30, 1 age but are under 8 years of age to 1902(1)(2) of the Act are as follows:	eligibility for groups of children 1983 and who have attained 6 years of under the provisions of section ows:
Based on percent (no magnetic processes processes percent) percent (no magnetic percent) p	more than 100 percent) of the official
Family Size	Income Level

в.

	38 93 Effec	tive Date	10/01/91
TN No. NEW		HCFA ID:	7985E

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STATE PL	AN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State:	Montana

#### INCOME ELIGIBILITY LEVELS (Continued)

### 3. Aged and Disabled Individuals

(MB)

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(4) of the Act are as follows:

Based on \_\_\_\_\_ percent of the official Federal income poverty line.

Family Size		Income Level
_1_	N/A	\$
		\$
3		\$
_4_		\$
5		\$

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a resultofa title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

TN No. 93-11 Supersedes TN No. 92-02	Approval Date	4/29/93	Effective Date	01/01/93
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	STATE PLAN UND	ER TITLE XIX	OF THE SOCIAL SECURITY ACT	
	State: <u>MONTA</u>	NA		
	INCOME	ELIGIBILITY	LEVELS (Continued)	
c.	QUALIFIED MEDICARE BENE LEVEL	FICIARIES WIT	TH INCOMES RELATED TO FEDERAL POVERTY	
			ligibility for groups of qualified ovisions of section 1905(p)(2)(A) of	
1.	NON-SECTION 1902(f) STA	TES		
a.	Based on the following level:	percent of the	he official Federal income poverty	
	Eff. Jan. 1, 1989: $\sqrt{X}$	85 percent	percent (no more than 100)	)
	Eff. Jan. 1, 1990: <u>/X/</u>	90 percent	percent (no more than 100)	)
	ff. Jan. 1, 1991: 100	percent		
b.	Levels: Effective Jan	. 1, 1991		
	Family Size		Income Levels	
	_1		\$ 552	
			\$740	
				_
TN	No. 92-02 persedes Approval Dat	e 1/28/9	Effective Date10/01/91	
TN	No.	,	HCFA ID: 7985E	

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	STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT								
	State: MONTANA								
	INCOME ELIGIBILITY LEVELS (Continued)								
c.	QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL								
2.	SECTION 1902(f) STATES WHICH AS OF JANUARY 1, 1989 USED INCOME STANDARDS MORE RESTRICTIVE THAN SSI								
a.	Based on the following percent of the official Federal income poverty level:								
	Eff. Jan. 1, 1987: // 80 percent // percent (no more than 100)								
	Eff. Jan. 1, 1990: // 85 percent // percent (no more than 100)								
	Eff. Jan. 1, 1991: // 95 percent // percent (no more than 100)								
	Eff. Jan. 1, 1992: 100 percent								
	NOT APPLICABLE								
b.	Levels:  Family Size Income Levels								
	<u>1</u>								

TN No. <u>92-13</u> Supersedes Approval Date TN No. 92-02	4/4/92	Effective I	Date	01/01/92
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# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: Montana

## INCOME LEVELS (Continued)

D. Medic	ally Need	dy							
_x_ Applicable to all groups.					Applicable to all groups except those specified below. Excepted group income levels are listed on an attached page 3.				
(1)			(2)		(3)	(4)		(5)	
Family Size		n [	Net income level protected for maintenance for one month lurban only in Jurban & rural	colu lin	ount by which mn (2) exceeds hits specified in 42 CFR 435.1007*	Net income persons livin areas for	ng in rural	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007*	
1		\$	508	\$		\$		\$	
2		\$	508	\$		\$		\$	
3		\$	642	\$		\$		\$	
4		\$	767	\$		\$		\$	
For each additional person, add:		\$		\$		\$		\$	
*			/ has methods fo ceeds these limits		ng from its claim for	FFP payments	made on beh	nalf of individuals whose	
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# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: Montana

# INCOME LEVELS (Continued)

#### D. Medically Needy

(1)	}	(2)	(3)	(4)		(5)
Family Size	n (	Net income level protected for naintenance for one month ] urban only x] urban & rural	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007*		al	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007*
5	\$	900	\$	\$	\$	
6	\$	1025	\$	\$	\$	
7	\$	1158	\$	\$	\$	
8	\$	1283	\$	\$	\$	
9	\$	1342	\$	\$	\$	
10	\$	1408	\$	\$	\$	
For each additional person, add:	11 - \$ 1458 12 - \$ 1517 13 - \$ 1567 \$	7	14 - \$ 1608 15 - \$ 1650 16 - \$ 1692 \$	\$	\$	

<sup>\*</sup> The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

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TN # 99-009				

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FEBRUARY 1985

State: \_

Montana

SPECIAL INCOME LEVEL INCOME STANDARDS 435.231

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